

Name  
in  
Full

Emmanuel Bittinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Grantsville* *Garrett* County

MARYLAND

Date of death *1908* *Nov.* *29<sup>th</sup>* Age *70* Months *8* Days *20*Sex *Male* Color or Race *white* Birth-place *Grantsville, Ind.*Occupation *Laborer* Where Residing if not at place of deathMarried, Single ☒ Widowed Name of Wife or Husband *Elamnia Metts*Father's Name *Peter Bittinger* Father's Birthplace *Maryland*Mother's Maiden Name *Sally Duhst* Mother's Birthplace *Maryland*Name of person giving information *Elyah Bittinger* How related to deceased *Brother*

## CAUSES OF DEATH

120

Primary *Bright's disease* How long *Six months*Immediate *same*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Peter Nathan*Address *Grantsville, Ind.*Accident or Suicide? *no*



Name in Full <b>Martha. B Campbell</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <b>Kendal</b>		County <b>Barrett</b>
	MARYLAND		
	Date of death <b>1908</b>	Month <b>Nov</b>	Day <b>22</b>
	Age <b>29</b>	Years <b>3</b>	Months <b>5</b>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Pa</b>
	Occupation <b>House Wife</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Walter E Campbell</b>	
Father's Name <b>Cathean Broughton</b>	Father's Birthplace <b>Pa</b>		
Mother's Maiden Name <b>Anna Tome</b>	Mother's Birthplace <b>Pa</b>		
Name of person giving information <b>Walter E Campbell</b>	How related to deceased <b>Husband</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Nervous Prostration</b>	How long <b>4 wks</b>	
	Immediate <b>Pneumonia</b>	How long <b>5 days</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>A. J. Mason M.D.</b>	
		Address <b>Friendville Md</b>	
	Accident or Suicide? <b>No</b>		

Black Mills Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Selbyspout</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1908	Month	<i>Nov</i>	Day	<i>17</i>	Age	<i>54</i>
						Months	<i>10</i>
						Days	<i>20</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>
Occupation	<i>Labourer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Lizzie Hrazel</i>			
Father's Name	<i>John. J. Hrazel</i>					Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Elizabeth Stuck</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Lizzie Hrazel</i>					How related to deceased	<i>wife</i>

## CAUSES OF DEATH

53

PHYSICIAN  
OR CORONER

Primary	<i>Hodgkins Disease</i>	How long	<i>3 yrs</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. Mason M.D.</i>	
		Address	
		<i>Friendsville Md</i>	
Accident or Suicide?			

Shiraja Ridge

Name  
in  
Full

Mrs. Bridget Gleeson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deer Park</i> <sup>Town</sup>		<i>Ganett</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>November</i>	Day	<i>24</i>
Age	<i>81</i>	Years		Months	<i>Unknown</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Ireland</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>James Gleeson (deceased)</i>		
Father's Name	<i>Dennis Kennedy</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Mary Russell</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Patrick Gleeson</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>General debility incident to old age</i>	How long	<i>Don't know</i>
Immediate	<i>Cardiac Dilatation</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. E. Hurley</i>
		Address	<i>Deer Park</i>
			<i>Ganett Co.</i>
Accident or Suicide?			





Name  
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Full

Mrs Mariah Pope

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

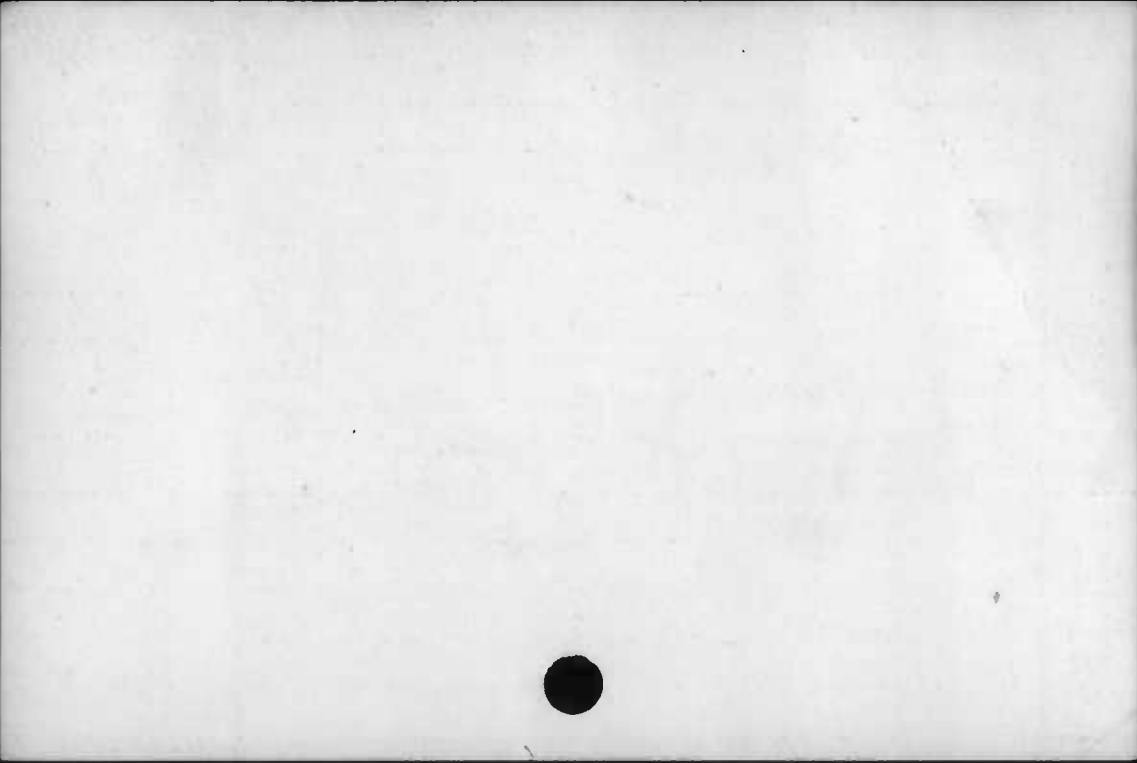
Died at <u>Sutton</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	2	Day	9
Age	79	Years	2	Months	24
Sex	Female	Color or Race	White	Birth-place	Sutton
Occupation	Housewife	Where Residing if not at place of death <u>Sutton</u>			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Widowed <u>Don't know</u>		
Father's Name	Do not know		Father's Birthplace	Germany	
Mother's Maiden Name	Do not know		Mother's Birthplace	Germany	
Name of person giving information	Thomas Layman		How related to deceased	none	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of Stomach	How long	2 months
Immediate	Strangulation of pylorus	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. T. Robinson
		Address	Granville, Ohio
Accident or Suicide?	no		yes



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Reynolds* Town *Chesapeake* County *Gaunt*Date of death *1908* Month *Nov* Day *19* Age *30* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ind*Occupation *Hotel Keeper* Where Residing If not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Barney Reynolds*Father's Birthplace *Ireland*Mother's Maiden Name *Noon*Mother's Birthplace *Ireland*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

95

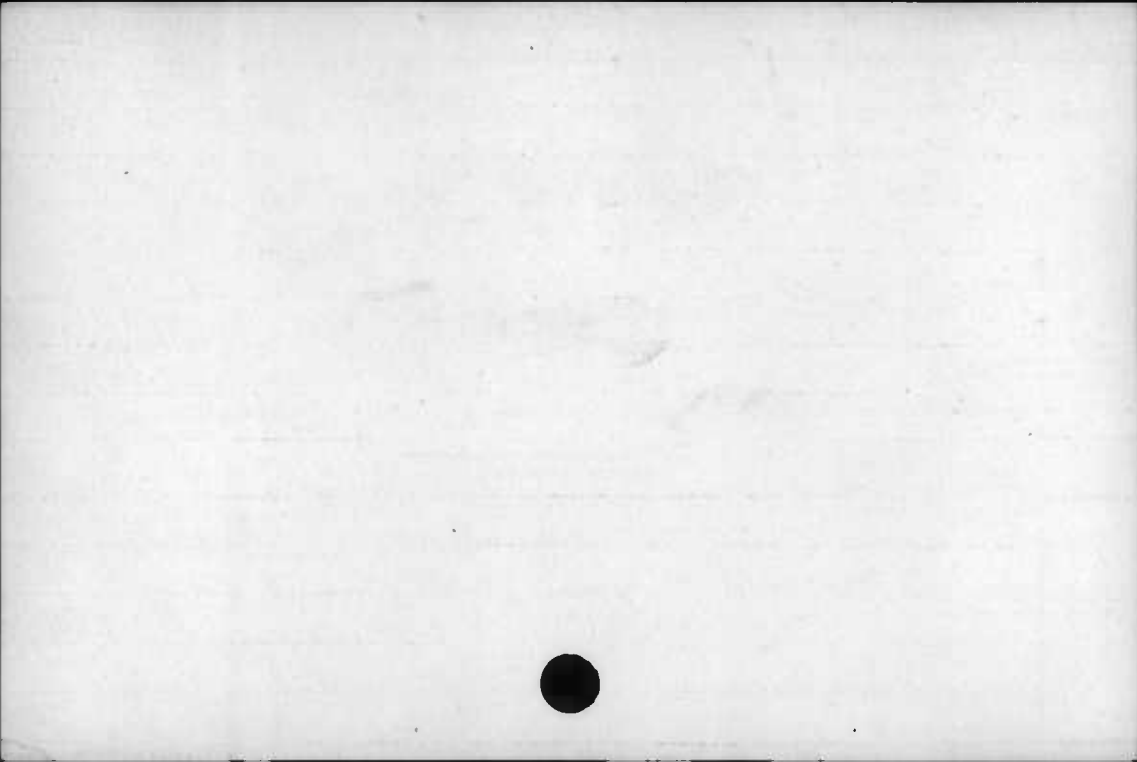
Primary *Compensation of Lung*How long *Several years*Immediate *Hypertrophic Congestion of Lung*How long *Three days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name is Full		Charles E Rodgers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Threnderville</i>		County <i>Garrett</i>		MARYLAND		
	Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>8</i>	Age <i>1</i>	Years	Months <i>2</i>	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Charles Rodgers</i>			Father's Birthplace <i>Wash D.C</i>			
	Mother's Maiden Name <i>Vellie Kline</i>			Mother's Birthplace <i>Wash D.C</i>			
Name of person giving information <i>Mllie Kline</i>			How related to deceased <i>Mother</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(9)</div>							
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>			How long <i>2 days</i>			
	Immediate <i>Obstruction of air passage</i>			How long <i>1 day</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>			Signature of Physician <i>B. M. Briscoe M.D.</i>			
				Address <i>Accident P.O. Garrett Co Ind.</i>			
	Accident or Suicide?						

Steal cemetery

Name in Full <b>Abraham Thomas</b>		CERTIFICATE OF DEATH			
Died at <b>Salt</b> Town <b>Block</b> County <b>Garrett</b>		MARYLAND			
Date of death <b>1908</b> Month <b>Nov</b> Day <b>20</b> Age <b>64</b> Years Months <b>7</b> Days <b>2</b>					
Sex <b>Male</b> Color or Race <b>White</b> Birth-place <b>Maryland</b>					
Occupation <b>Farmer</b> Where Residing if not at place of death					
Married, Single or Widowed <b>Widower</b> Name of Wife or Husband <b>Sarah E Thomas</b>					
Father's Name <b>Samuel Thomas</b> Father's Birthplace <b>dont know</b>					
Mother's Maiden Name <b>Mary Shoup</b> Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Lestie W Thomas</b> How related to deceased <b>Son</b>					
CAUSES OF DEATH					
Primary <b>Paralysis</b> How long <b>5 days</b>					
Immediate <b>"</b> How long					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. Inaon MD.</b>			
		Address <b>Friendville</b>			
		<b>MD</b>			
Accident or Suicide?					

John A. Richards



Cleda Marie Behner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grantsville</i>		Town <i>Grantsville</i>		County <i>Garratt</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>15</i>	Age <i>5</i>	Years <i>5</i>	Months <i>7</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Grantsville</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Leonard W. Behner</i>			Father's Birthplace <i>Grantsville</i>				
Mother's Maiden Name <i>Elizabeth Bealman</i>			Mother's Birthplace <i>Grantsville Ind.</i>				
Name of person giving information <i>Henry Behner</i>			How related to deceased <i>Grandfather</i>				

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Membranous Tonsillitis</i>	How long <i>4 days</i>
Immediate <i>Labored breathing - Collapse</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. C. Bowen M.D.</i>
	Address <i>Grantsville</i>
Accident or Suicide? <i>no</i>	<i>Ind.</i>

